

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

CENTERS FOR MEDICARE &amp; MEDICAID SERVICES

OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:                                     |                                                                                                                                                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING |  | (X3) DATE SURVEY COMPLETED<br><br>07/28/2022 |  |
| NAME OF PROVIDER OR SUPPLIER<br><br>HELLENIC SENIOR LIVING OF NEW ALBANY |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2632 GRANT LINE ROAD, NEW ALBANY, , 47150 |                                                                                                                                                                                                                                                                                                                                                                                              |                                                      |  |                                              |  |
| (X4) ID PREFIX TAG                                                       | SUMMARY STATEMENT OF DEFICIENCIES...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID PREFIX TAG                                                                          | PROVIDER'S PLAN OF CORRECTION...                                                                                                                                                                                                                                                                                                                                                             |                                                      |  | (X5) COMPLETION DATE                         |  |
| R 0000                                                                   | <p>INITIAL COMMENTS</p> <p>This visit was for a State Residential Licensure Survey.</p> <p>This visit included the Investigation of Complaints IN00384346 and IN00385409.</p> <p>Complaint IN00384346 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00385409 - Substantiated. State deficiency related to the allegations is cited at R0297.</p> <p>Survey dates: July 25, 26, 27, and 28, 2022</p> <p>Facility number: 014166</p> <p>Residential Census: 124</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on August 2, 2022.</p> | R 0000                                                                                 | <p><b>Facility ID: 014166</b></p> <p><b>Hellenic Senior Living of New Albany</b></p> <p><b>2632 Grant Line Road</b></p> <p><b>New Albany, IN 47150</b></p> <p>The Plan of Correction is neither an agreement with nor an admission of wrongdoing by this facility or its staff members.</p> <p>Rather, it is submitted for compliance purposes.</p> <p>This facility alleges substantial</p> |                                                      |  |                                              |  |

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compliance with this  
plan of correction as of August  
14, 2022.

**R 123 410 IAC  
16.2-5-1.4(H)(1-10) Personnel  
Nonconformance.**

Facility will maintain current and  
accurate personnel  
records for all employees.

Executive Director and or  
designee will audit 10% of  
staff members files weekly for  
eight weeks or until a 100% of  
files have been  
audited to assure all employee  
files include.

(1) The name and address of  
the employees.

(2) Social Security numbers

(3) Date of beginning  
employment.

(4) Past employment,  
experience, and education, if  
applicable.

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|  |  |  | <p>(5) Professional licensure r registration number or dining assistant certificate or letter of completion if applicable.</p> <p>(6) Position in the facility and job description.</p> <p>(7) Documentation of orientation to the facility, including residents' rights, and to the specific job skills.</p> <p>(8) Signed acknowledgment of orientation to residents' rights.</p> <p>(9) Performance evaluations in accordance with facility policy.</p> <p>(10)Date and reason for separation.</p> <p><b>R 273</b><br/><b>410 IAC 16.2-5-5.1 (f) Food and Nutritional Services</b></p> <p>While all residents have the potential to have been exposed to communicable disease through improper hand hygiene, no residents</p> |  |
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were identified as being negatively affected by this staff member alleged to not washed his hands or have a hair restraint in place upon entrance of the kitchen or food prep area.

Leadership has educated/counseled the identified staff on proper hand hygiene and hair restraint in place upon entrance of the kitchen. Manager did identify that staff did return demonstrating proper hand hygiene and hair restraint. All dietary staff was provided education regarding hand hygiene and hair restraint.

(See attached)

**R 297 410 IAC 16.2-5-6©1)**  
**Pharmaceutical Services**  
**Noncompliance**

Facility has ordered a stamp from Intouch Pharmacy for nurses to stamp orders not signed by a rehab discharge or PCP appointment.

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The Stamp will be placed on all orders sent to InTouch Pharmacy that includes the name of the PCP and the nurse verbally confirmed the orders with the date along with the nurse signature and date prior to being faxed to InTouch Pharmacy. This will ensure that pharmacy orders are processed in a timely manner with the correct information needed.

A weekly meeting has been set up with InTouch Pharmacy and the DON for review of any pharmacy issues that have arose during the week and discuss resolutions.

**R 349 410 IAC  
16.2-5-8.1(a)(1-4) Clinical  
Records  
Noncompliance**

PointClickCare implementations took place on 3/1/22 in which all service plans are in place for residents. Caremerge, previous system used prior to 3/1/22 will not allow access to previous resident documents.

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*All changes will be effective on  
or before August 14,  
2022*

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| R 0123 | <p><b>Personnel - Nonconformance</b></p> <p>410 IAC 16.2-5-1.4(h)(1-10)</p> <p>(h) The facility shall maintain current and accurate personnel records for all employees. The personnel records for all employees shall include the following:</p> <p>(1) The name and address of the employee.</p> <p>(2) Social Security number.</p> <p>(3) Date of beginning employment.</p> <p>(4) Past employment, experience, and education, if applicable.</p> <p>(5) Professional licensure or registration number or dining assistant certificate or letter of completion, if applicable.</p> <p>(6) Position in the facility and job description.</p> <p>(7) Documentation of orientation to the facility, including residents' rights, and to the specific job skills.</p> <p>(8) Signed acknowledgement of orientation to residents' rights.</p> | R 0123 | <p><b>Facility<br/>ID: 014166</b></p> <p><b>Hellenic Senior Living of New Albany</b></p> <p><b>2632 Grant Line Road</b></p> <p><b>New Albany, IN 47150</b></p> <p>The Plan of Correction is neither an agreement with nor an admission of wrongdoing by this facility or its staff members.</p> <p>Rather, it is submitted for compliance purposes.</p> <p>This facility alleges substantial</p> | 08/14/2022 |
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|  | <p>(9) Performance evaluations in accordance with facility policy.</p> <p>(10) Date and reason for separation.</p> <p>Based on interview and record review, the facility failed to ensure employee personnel files were up to date for 3 of 5 staff members reviewed for employee records. (Staff Member 9, 10, and 11).</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Review of Staff Member 9's personnel file lacked documentation of a background check, 1st and 2nd step tuberculin test, general and specific orientation paperwork, and a job description.</li> <li>2. Review of Staff Member 10's personnel file lacked documentation of a job description.</li> <li>3. Review of Staff Member 11's personnel file lacked documentation a job description and general/specific orientation paperwork.</li> </ol> <p>During an interview on 7/28/22 at 3:02 p.m., the Executive Director indicated they could not locate the missing documentation for the above employee records.</p> <p>On 7/28/22 at 3:07 p.m., the</p> |  | <p>compliance with this plan of correction as of August 14, 2022.</p> <p><b>R 123 410 IAC<br/>16.2-5-1.4(H)(1-10) Personnel Nonconformance.</b></p> <p>Facility will maintain current and accurate personnel records for all employees.</p> <p>Executive Director and or designee will audit 10% of staff members files weekly for eight weeks or until a 100% of files have been audited to assure all employee files include.</p> <p>(1) The name and address of the employees.</p> <p>(2) Social Security numbers</p> <p>(3) Date of beginning employment.</p> <p>(4) Past employment, experience, and education, if applicable.</p> |  |
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Executive Director provided a current copy of the document titled "Employee Records" dated March 1, 2021. It included, but was not limited to, "Policy...Procedure...The Employee record for all Employees...will be organized in the following manner...Criminal Background...Check results...Employee Education...General Orientation Sign off form...Job specific orientation...Original TB Series...."

Based on interview and record review, the facility failed to ensure employee personnel files were up to date for 3 of 5 staff members reviewed for employee records. (Staff Member 9, 10, and 11).

Findings include:

1. Review of Staff Member 9's personnel file lacked documentation of a background check, 1st and 2nd step tuberculin test, general and specific orientation paperwork, and a job description.

2. Review of Staff Member 10's personnel file lacked documentation of a job description.

(5) Professional licensure r registration number or dining assistant certificate or letter of completion if applicable.

(6) Position in the facility and job description.

(7) Documentation of orientation to the facility, including residents' rights, and to the specific job skills.

(8) Signed acknowledgment of orientation to residents' rights.

(9) Performance evaluations in accordance with facility policy.

(10) Date and reason for separation.

**R 273**  
**410 IAC 16.2-5-5.1 (f) Food and Nutritional Services**

While all residents have the potential to have been exposed to communicable disease through improper hand hygiene, no residents

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3. Review of Staff Member 11's personnel file lacked documentation a job description and general/specific orientation paperwork.

During an interview on 7/28/22 at 3:02 p.m., the Executive Director indicated they could not locate the missing documentation for the above employee records.

On 7/28/22 at 3:07 p.m., the Executive Director provided a current copy of the document titled "Employee Records" dated March 1, 2021. It included, but was not limited to, "Policy...Procedure...The Employee record for all Employees...will be organized in the following manner...Criminal Background...Check results...Employee Education...General Orientation Sign off form...Job specific orientation...Original TB Series...."

were identified as being negatively affected by this staff member alleged to not washed his hands or have a hair restraint in place upon entrance of the kitchen or food prep area.

Leadership has educated/counseled the identified staff on proper hand hygiene and hair restraint in place upon entrance of the kitchen. Manager did identify that staff did return demonstrating proper hand hygiene and hair restraint. All dietary staff was provided education regarding hand hygiene and hair restraint.

(See attached)

**R 297 410 IAC 16.2-5-6©1)  
Pharmaceutical Services  
Noncompliance**

Facility has ordered a stamp from Intouch Pharmacy for nurses to stamp orders not signed by a rehab discharge or PCP appointment.

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|  |  |  | <p>The Stamp will be placed on all orders sent to InTouch Pharmacy that includes the name of the PCP and the nurse verbally confirmed the orders with the date along with the nurse signature and date prior to being faxed to InTouch Pharmacy. This will ensure that pharmacy orders are processed in a timely manner with the correct information needed.</p> <p>A weekly meeting has been set up with InTouch Pharmacy and the DON for review of any pharmacy issues that have arose during the week and discuss resolutions.</p> <p><b>R 349 410 IAC<br/>16.2-5-8.1(a)(1-4) Clinical<br/>Records<br/>Noncompliance</b></p> <p>PointClickCare implementations took place on 3/1/22 in which all service plans are in place for residents. Caremerge, previous system used prior to 3/1/22 will not allow access to previous resident documents.</p> |  |
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|        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        | <i>All changes will be effective on or before August 14, 2022</i>                                                                                                                                                                                                                                                                                                                            |            |
| R 0273 | <p><b>Food and Nutritional Services - Deficiency</b></p> <p>410 IAC 16.2-5-5.1(f)</p> <p>(f) All food preparation and serving areas (excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation, interview and record review, the facility failed to ensure staff performed hand hygiene and had a hair restraint in place upon entrance to the kitchen for 1 of 1 kitchen observations.</p> <p>Findings include:</p> <p>On 7/26/22 at 10:50 a.m., Staff Member 3 was observed to enter the kitchen from the dining room area and walk past the food prep area. He did not wash his hands or have a hair restraint in place upon entrance to the kitchen or food prep area.</p> <p>During an interview on 7/28/22</p> | R 0273 | <p><b>Facility ID: 014166</b></p> <p><b>Hellenic Senior Living of New Albany</b></p> <p><b>2632 Grant Line Road</b></p> <p><b>New Albany, IN 47150</b></p> <p>The Plan of Correction is neither an agreement with nor an admission of wrongdoing by this facility or its staff members.</p> <p>Rather, it is submitted for compliance purposes.</p> <p>This facility alleges substantial</p> | 08/14/2022 |

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at 3:40 p.m., the Dietary Manager indicated staff should have a hairnet on and perform hand hygiene upon entrance into the kitchen.

On 7/28/22 at 12:31 p.m., the Executive Director provided a current copy of the document titled "Hair Restraints" dated 2020. It included, but was not limited to, "Guideline...Hair restraints shall be worn by all Dining Service staff when in food production areas...."

On 7/28/22 at 3:55 p.m., the Executive Director provided a current copy of the document titled "Infection Prevention, Control & Immunizations" dated 12/2020. It included, but was not limited to, "Hand Hygiene...Appropriate hand hygiene practices...are followed...."

Based on observation, interview and record review, the facility failed to ensure staff performed hand hygiene and had a hair restraint in place upon entrance to the kitchen for 1 of 1 kitchen observations.

Findings include:

On 7/26/22 at 10:50 a.m., Staff Member 3 was observed to enter the kitchen from the dining room area and walk past the food prep area. He did not wash his hands or have a hair restraint in place upon entrance

compliance with this plan of correction as of August 14, 2022.

**R 123 410 IAC  
16.2-5-1.4(H)(1-10) Personnel  
Nonconformance.**

Facility will maintain current and accurate personnel records for all employees.

Executive Director and or designee will audit 10% of staff members files weekly for eight weeks or until a 100% of files have been audited to assure all employee files include.

(1) The name and address of the employees.

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to the kitchen or food prep area.

During an interview on 7/28/22 at 3:40 p.m., the Dietary Manager indicated staff should have a hairnet on and perform hand hygiene upon entrance into the kitchen.

On 7/28/22 at 12:31 p.m., the Executive Director provided a current copy of the document titled "Hair Restraints" dated 2020. It included, but was not limited to, "Guideline...Hair restraints shall be worn by all Dining Service staff when in food production areas...."

On 7/28/22 at 3:55 p.m., the Executive Director provided a current copy of the document titled "Infection Prevention, Control & Immunizations" dated 12/2020. It included, but was not limited to, "Hand Hygiene...Appropriate hand hygiene practices...are followed...."

(5) Professional licensure r registration number or dining assistant certificate or letter of completion if applicable.

(6) Position in the facility and job description.

(7) Documentation of orientation to the facility, including residents' rights, and to the specific job skills.

(8) Signed acknowledgment of orientation to residents' rights.

(9) Performance evaluations in accordance with facility policy.

(10) Date and reason for separation.

**R 273**  
**410 IAC 16.2-5-5.1 (f) Food and Nutritional Services**

While all residents have the potential to have been exposed to communicable disease through improper hand hygiene, no residents

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|  |  |  | <p>were identified as being negatively affected by this staff member alleged to not washed his hands or have a hair restraint in place upon entrance of the kitchen or food prep area.</p> <p>Leadership has educated/counseled the identified staff on proper hand hygiene and hair restraint in place upon entrance of the kitchen. Manager did identify that staff did return demonstrating proper hand hygiene and hair restraint. All dietary staff was provided education regarding hand hygiene and hair restraint.</p> <p>(See attached)</p> <p><b>R 297 410 IAC 16.2-5-6©1)<br/>Pharmaceutical Services<br/>Noncompliance</b></p> <p>Facility has ordered a stamp from Intouch Pharmacy for nurses to stamp orders not signed by a rehab discharge or PCP appointment.</p> |  |
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*All changes will be effective on  
or before August 14,  
2022*

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| R 0297 | <p>Pharmaceutical Services - Noncompliance</p> <p>410 IAC 16.2-5-6(c)(1)</p> <p>(c) If the facility controls, handles, and administers medications for a resident, the facility shall do the following for that resident:</p> <p>(1) Make arrangements to ensure that pharmaceutical services are available to provide residents with prescribed medications in accordance with applicable laws of Indiana.</p> <p>Based on interview and record review, the facility failed to ensure a resident's medication was available for administration for 1 of 3 residents reviewed for pharmacy services. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 7/26/22 at 4:28 p.m. The diagnosis included, but was not limited to, rheumatoid arthritis.</p> | R 0297 | <p><b>Facility ID: 014166</b></p> <p><b>Hellenic Senior Living of New Albany</b></p> <p><b>2632 Grant Line Road</b></p> <p><b>New Albany, IN 47150</b></p> <p>The Plan of Correction is neither an agreement with nor an admission of wrongdoing by this facility or its staff members.</p> <p>Rather, it is submitted for compliance purposes.</p> <p>This facility alleges substantial</p> | 08/14/2022 |
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| <p>The physician's order, dated 8/16/21, indicated the resident was to receive Tramadol (pain medication) 100 mg (milligrams) three times a day at 8:00 a.m., 2:00 p.m., and 8:00 p.m.</p> <p>Review of the November 2021 controlled medication record indicated the resident did not receive the Tramadol on the following dates and times:</p> <p>-11/08/21 at 8:00 p.m.</p> <p>-11/09/21 at 8:00 a.m., 2:00 p.m., and 8:00 p.m.</p> <p>-11/15/21 at 8:00 a.m., 2:00 p.m., and 8:00 p.m.</p> <p>-11/17/21 at 8:00 p.m.</p> <p>Review of the December 2021 controlled medication record indicated the resident did not receive the Tramadol on the following dates and times:</p> <p>-12/19/21 at 8:00 p.m.</p> <p>-12/20/21 at 8:00 a.m., 2:00 p.m., and 8:00 p.m.</p> <p>-12/21/21 at 8:00 a.m., 2:00 p.m., and 8:00 p.m.</p> <p>-12/22/21 at 8:00 a.m. and 2:00 p.m.</p> <p>Review of the January 2022 controlled medication record indicated the resident did not receive the Tramadol of the</p> | <p>compliance with this plan of correction as of August 14, 2022.</p> <p><b>R 123 410 IAC<br/>16.2-5-1.4(H)(1-10) Personnel Nonconformance.</b></p> <p>Facility will maintain current and accurate personnel records for all employees.</p> <p>Executive Director and or designee will audit 10% of staff members files weekly for eight weeks or until a 100% of files have been audited to assure all employee files include.</p> <p>(1) The name and address of the employees.</p> <p>(2) Social Security numbers</p> <p>(3) Date of beginning employment.</p> <p>(4) Past employment, experience, and education, if applicable.</p> |  |
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| <p>following dates and times:</p> <p>-1/18/22 - 1/21/22 at 8:00 a.m., 2:00 p.m., and 8:00 p.m.</p> <p>-1/22/22 at 8:00 a.m.</p> <p>During an interview on 7/27/22 at 3:45 p.m., the Director of Nursing indicated there was an issue with the resident's Tramadol. The pharmacy would send a script for medication refill to the provider. The resident's healthcare provider never sent the script back for the Tramadol.</p> <p>On 7/27/22 at 2:48 p.m., the Executive Director provided a current copy of the document titled "Medication Availability" dated March 1, 2021. It included, but was not limited to, "In order to most appropriately provide for the care of those residents for whom this community is administering medications, the community must have a supply of that medication ready to administer...."</p> <p>This State tag relates to Complaint IN00385409</p> <p>Based on interview and record review, the facility failed to ensure a resident's medication was available for administration for 1 of 3 residents reviewed for pharmacy services. (Resident B)</p> | <p>(5) Professional licensure r registration number or dining assistant certificate or letter of completion if applicable.</p> <p>(6) Position in the facility and job description.</p> <p>(7) Documentation of orientation to the facility, including residents' rights, and to the specific job skills.</p> <p>(8) Signed acknowledgment of orientation to residents' rights.</p> <p>(9) Performance evaluations in accordance with facility policy.</p> <p>(10)Date and reason for separation.</p> <p><b>R 273</b><br/><b>410 IAC 16.2-5-5.1 (f) Food and Nutritional Services</b></p> <p>While all residents have the potential to have been exposed to communicable disease through improper hand hygiene, no residents</p> |  |
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## Findings include:

The clinical record for Resident B was reviewed on 7/26/22 at 4:28 p.m. The diagnosis included, but was not limited to, rheumatoid arthritis.

The physician's order, dated 8/16/21, indicated the resident was to receive Tramadol (pain medication) 100 mg (milligrams) three times a day at 8:00 a.m., 2:00 p.m., and 8:00 p.m.

Review of the November 2021 controlled medication record indicated the resident did not receive the Tramadol on the following dates and times:

-11/08/21 at 8:00 p.m.

-11/09/21 at 8:00 a.m., 2:00 p.m., and 8:00 p.m.

-11/15/21 at 8:00 a.m., 2:00 p.m., and 8:00 p.m.

-11/17/21 at 8:00 p.m.

Review of the December 2021 controlled medication record indicated the resident did not receive the Tramadol on the following dates and times:

-12/19/21 at 8:00 p.m.

-12/20/21 at 8:00 a.m., 2:00 p.m., and 8:00 p.m.

were identified as being negatively affected by this staff member alleged to not washed his hands or have a hair restraint in place upon entrance of the kitchen or food prep area.

Leadership has educated/counseled the identified staff on proper hand hygiene and hair restraint in place upon entrance of the kitchen. Manager did identify that staff did return demonstrating proper hand hygiene and hair restraint. All dietary staff was provided education regarding hand hygiene and hair restraint.

(See attached)

**R 297 410 IAC 16.2-5-6©1)  
Pharmaceutical Services  
Noncompliance**

Facility has ordered a stamp from Intouch Pharmacy for nurses to stamp orders not signed by a rehab discharge or PCP appointment.

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| <p>-12/21/21 at 8:00 a.m., 2:00 p.m., and 8:00 p.m.</p> <p>-12/22/21 at 8:00 a.m. and 2:00 p.m.</p> <p>Review of the January 2022 controlled medication record indicated the resident did not receive the Tramadol of the following dates and times:</p> <p>-1/18/22 - 1/21/22 at 8:00 a.m., 2:00 p.m., and 8:00 p.m.</p> <p>-1/22/22 at 8:00 a.m.</p> <p>During an interview on 7/27/22 at 3:45 p.m., the Director of Nursing indicated there was an issue with the resident's Tramadol. The pharmacy would send a script for medication refill to the provider. The resident's healthcare provider never sent the script back for the Tramadol.</p> <p>On 7/27/22 at 2:48 p.m., the Executive Director provided a current copy of the document titled "Medication Availability" dated March 1, 2021. It included, but was not limited to, "In order to most appropriately provide for the care of those residents for whom this community is administering medications, the community must have a supply of that medication ready to administer...."</p> |  | <p>The Stamp will be placed on all orders sent to InTouch Pharmacy that includes the name of the PCP and the nurse verbally confirmed the orders with the date along with the nurse signature and date prior to being faxed to InTouch Pharmacy. This will ensure that pharmacy orders are processed in a timely manner with the correct information needed.</p> <p>A weekly meeting has been set up with InTouch Pharmacy and the DON for review of any pharmacy issues that have arose during the week and discuss resolutions.</p> <p><b>R 349 410 IAC<br/>16.2-5-8.1(a)(1-4) Clinical<br/>Records<br/>Noncompliance</b></p> <p>PointClickCare implementations took place on 3/1/22 in which all service plans are in place for residents. Caremerge, previous system used prior to 3/1/22 will not allow access to previous resident documents.</p> |  |
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|        | This State tag relates to<br>Complaint IN00385409                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        | <i>All changes will be effective on<br/>or before August 14,<br/>2022</i>                                                                                                                                                                                                                                                                                                                            |            |
| R 0349 | <p>Clinical Records - Noncompliance</p> <p>410 IAC 16.2-5-8.1(a)(1-4)</p> <p>(a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows:</p> <p>(1) Complete.</p> <p>(2) Accurately documented.</p> <p>(3) Readily accessible.</p> <p>(4) Systematically organized.</p> <p>Based on interview and record review, the facility failed to ensure a resident's (Resident G) record was complete for 1 of 3 residents reviewed for medical records.</p> <p>The closed clinical record for Resident G was reviewed on 7/26/22 at 4:02 p.m. The diagnoses included, but were not limited to, dementia, diabetes, atrial fibrillation, and</p> | R 0349 | <p><b>Facility<br/>ID: 014166</b></p> <p><b>Hellenic Senior Living of New<br/>Albany</b></p> <p><b>2632 Grant Line Road</b></p> <p><b>New Albany, IN 47150</b></p> <p>The Plan of Correction is neither an agreement with nor an admission of wrongdoing by this facility or its staff members.</p> <p>Rather, it is submitted for compliance purposes.</p> <p>This facility alleges substantial</p> | 08/14/2022 |

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FORM APPROVED

OMB NO. 0938-0391

hypertension.

The clinical record lacked documentation of a service plan (documentation of services provided and signed by the resident).

On 7/27/22 at 10:18 a.m., the Director of Nursing indicated they could not provide a service plan for the resident.

The current policy titled "Resident Records" and dated March 1, 2021, included, but was not limited to, "Policy...The Community must maintain records on each resident...The records must be complete...readily accessible...Resident records must be retained after discharge...Procedure...Service Plan...Service Plan Signature Form...."

Based on interview and record review, the facility failed to ensure a resident's (Resident G) record was complete for 1 of 3 residents reviewed for medical records.

The closed clinical record for Resident G was reviewed on 7/26/22 at 4:02 p.m. The diagnoses included, but were not limited to, dementia, diabetes, atrial fibrillation, and hypertension.

The clinical record lacked documentation of a service plan

compliance with this plan of correction as of August 14, 2022.

**R 123 410 IAC  
16.2-5-1.4(H)(1-10) Personnel  
Nonconformance.**

Facility will maintain current and accurate personnel records for all employees.

Executive Director and or designee will audit 10% of staff members files weekly for eight weeks or until a 100% of files have been audited to assure all employee files include.

(1) The name and address of the employees.

(2) Social Security numbers

(3) Date of beginning employment.

(4) Past employment, experience, and education, if applicable.

(documentation of services provided and signed by the resident).

On 7/27/22 at 10:18 a.m., the Director of Nursing indicated they could not provide a service plan for the resident.

The current policy titled "Resident Records" and dated March 1, 2021, included, but was not limited to, "Policy...The Community must maintain records on each resident...The records must be complete...readily accessible...Resident records must be retained after discharge...Procedure...Service Plan...Service Plan Signature Form...."

(5) Professional licensure or registration number or dining assistant certificate or letter of completion if applicable.

(6) Position in the facility and job description.

(7) Documentation of orientation to the facility, including residents' rights, and to the specific job skills.

(8) Signed acknowledgment of orientation to residents' rights.

(9) Performance evaluations in accordance with facility policy.

(10) Date and reason for separation.

**R 273**  
**410 IAC 16.2-5-5.1 (f) Food and Nutritional Services**

While all residents have the potential to have been exposed to communicable disease through improper hand hygiene, no residents

were identified as being negatively affected by this staff member alleged to not washed his hands or have a hair restraint in place upon entrance of the kitchen or food prep area.

Leadership has educated/counseled the identified staff on proper hand hygiene and hair restraint in place upon entrance of the kitchen. Manager did identify that staff did return demonstrating proper hand hygiene and hair restraint. All dietary staff was provided education regarding hand hygiene and hair restraint.

(See attached)

**R 297 410 IAC 16.2-5-6©1)**  
**Pharmaceutical Services**  
**Noncompliance**

Facility has ordered a stamp from Intouch Pharmacy for nurses to stamp orders not signed by a rehab discharge or PCP appointment.

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The Stamp will be placed on all orders sent to InTouch Pharmacy that includes the name of the PCP and the nurse verbally confirmed the orders with the date along with the nurse signature and date prior to being faxed to InTouch Pharmacy. This will ensure that pharmacy orders are processed in a timely manner with the correct information needed.

A weekly meeting has been set up with InTouch Pharmacy and the DON for review of any pharmacy issues that have arose during the week and discuss resolutions.

**R 349 410 IAC  
16.2-5-8.1(a)(1-4) Clinical  
Records  
Noncompliance**

PointClickCare implementations took place on 3/1/22 in which all service plans are in place for residents. Caremerge, previous system used prior to 3/1/22 will not allow access to previous resident documents.

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*All changes will be effective on  
or before August 14,  
2022*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR  
PROVIDER/SUPPLIER REPRESENTATIVE'S  
SIGNATURE

TITLE

(X6) DATE